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PRESIDENTIAL ADDRESS.*

OUR ASSOCIATION AND OUR ASSOCIATES.

SOME RELATIONS AFFECTING MEDICAL OFFICERS OF HOSPITALS FOR THE INSANE.

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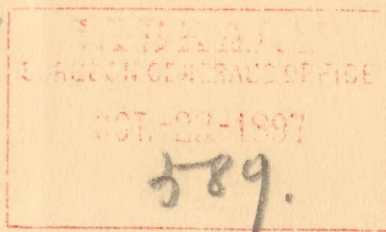
We hear of persons who suffer from their misfortunes rather than their faults, and others there are who profit by their good fortune rather than their merit. It seems to me as I address you to-day that I belong to the latter class; nevertheless I am here to speak to and for our Association as best I may, and I can, perhaps, serve the present purpose by directing attention to some of the relationships we sustain, which seem worthy of review in the light of the newer day into which we are advancing from a dawn which, though a "twilight of the gods" and full of a splendor of its own, was still a twilight and not a full day.

Whether it be true or not that "fair science frowned not on our humble birth," it is certain that science smiles upon us to-day, a beckoning and an inviting smile, not one of approbation; and we for our part have now to consider—and have most earnestly to consider—how we may approve ourselves in the light of science in the days and years immediately before us, in order that the invitation, the favor and the promise which science holds out to us, may be well and wisely met. I would not be understood as undervaluing the past. No matter what brilliant exploits the future in our specialty may have in store, nothing can eclipse or obscure the achievements of the worthies who led the way, whom we revere and to whom the homage of science and philanthropy alike is due. Indeed the dreariness and dimness of the past only serve to enhance the glory of the stars that forever shine in our especial firmament.

But the fact remains that the past has had its dreary and dismal elements. We have suffered from cold and hunger in an intellectual and spiritual sense, and the position of the medical man in charge of the average insane asylum has been, to say the least, unattractive. It has been a position of isolation, of hardship, and

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presented by the author



of little respect, of hard work and poor pay. Nevertheless, noble and able men have always been found in this position, and through their labors and example a better day has been brought about. Our Association has changed in twenty-five years and a remarkable evolution has occurred due to two causes—the devotion and the genius of our fathers and the general advances in the medical sciences. Exact science could never be applied to the material of our study until all the lower and supplementary branches had undergone their highest development. Griesinger somewhere remarks in substance that “if a higher intelligence were to appear and offer an explanation of the genesis of insanity we could not grasp it,” but the spirit of the last twenty-five years has been more that of a mathematician to whom I once quoted this remark of Griesinger’s. He replied, “I might not understand it, but I would try mighty hard to do so.” We have the field of labor of all others most difficult to bring under the domain of experimental and inductive study. In one sense, all the other medical sciences are but handmaids to ours, yet ours was dependent upon these and has in the past been like Cinderella in the fable. Loftily her sisters have passed her by or delivered to her lectures *de haut en bas*, but in the day that is to come we may confidently expect to occupy a prouder position and win the homage of those who once scoffed at our low estate.

If we ask the reason for the opprobrium attending insanity, it is to my mind all explained by one fact, namely, the impossibility that has existed from the first until a very recent day, of forming any rational conception of a material substratum or reason for diseases affecting the operation of the mind. An explanation for these diseases was necessary; the human mind will have its reasons as a child will have toys, be the same good or bad, and the only reason in the last resort that could be given for insanity was that it originated with the devil. Hence all the disgrace, the opprobrium, the shame, the abuse, the ignorance which have clung to the insane and the ideas of insanity.

You will perhaps say that the violent and dangerous acts and the repellant ways and conditions of the insane are a cause of this general repugnance—and yet I apprehend that if these things were traced by the public only to natural causes, as to-day you and I are able to trace them, and if the demoniac idea were omitted from the calculation, the horror of these things would be removed. There is nothing in the violent and dangerous acts of the insane

not fully paralleled by the acts of the sane or by the evil conditions found in other diseases which render the patient delirious or incapable of self-care. But delirium of fever, the filthy and unpleasant conditions which many diseases produce; even suicide and homicide, when affecting sane persons, are contemplated with a different feeling, simply because the thought of insanity conveys an idea of something mysterious and horrifying.

The value of this Association of ours to ourselves and to the community is, and will be, just in proportion to the extent to which we understand ourselves, and are in earnest in making our work count for the advancement of our branch of medical science and for the benefit of those of our fellow beings whose welfare is placed in our hands in a sense and to an extent that is not true of the ordinary relation between physician and patient. It is related of one of your famous Massachusetts jurists that when opposing counsel once reviled him in court and informed him that he was considered a rascal by his neighbors, he replied, "Is that so? I'll inquire." If we make inquiry as to our standing in the community we are impressed with the fact that we are most differently and variously regarded by those round about us. To the general public we are holders of an office and there the matter ends. To these, all office-holders are alike or differ only in degree. But to those who think further, we are holders of an office little to be desired. Mad people and those who care for them are regarded only from an immeasurable distance by the general mind. Perhaps the commonest remark we hear from those whom chance or business throws in our way is, "Well, doctor, I don't envy you your place." The governor of Ohio once said to me, "I would not be in your place, doctor, for a million." One of our members once innocently remarked to a lady that he thought the calling of a dentist disagreeable, but the lady replied, "Why, doctor, that is exactly what I should say with respect to your calling." Another of our members was told by Hagenbach, the animal trainer, that he would rather be in the cage with his pets than in the position occupied by the doctor. Such remarks are something more than amusing to us, but they help us to see ourselves as the masses see us.

A simple computation will serve to show how little our work touches the every-day life of the community. There are, perhaps, three insane persons in each one thousand of the general population. These three have, to be sure, a certain interest in us, wittingly or

unwittingly; and each of these three, we will say, has five who take some personal interest in him or her (a liberal estimate); now add two per thousand for our associates in the same work and a few generous, philanthropic souls who are neighbors to us in the scriptural sense, and this gives in each thousand of our fellow citizens twenty who have a personal interest in or knowledge of us—all told, we may say, all but one in fifty of our fellow men in the locality where we live “pass by on the other side.”

There are others whose life is narrow from their isolated position, but there is scarcely any other work that is so sharply sundered from common every-day interest as the work in which you and I are engaged, though it has for all mankind a fascination and a fear. It is looked at askance, with suspicion, and, above all, ignorance. How often have we met wise men only to find them as little enlightened concerning insanity and the insane as the most ignorant. Sympathy and insight are the rarest things to meet, repugnance and doubt are commoner. This is the outgrowth of age-long prejudice and ignorance; of the relics of the old idea that madness is of demoniac origin, that it is a disgrace to be insane, also of the mystery and gloom that have too much surrounded the insane asylum. Further, the idea is, rightly or wrongly, common that the insane are, in general, badly and brutally treated, and that the persons in charge of these abodes are mostly willing, “for a consideration,” to enter into and perform a compact to take any innocent and unfortunate wight whose liberty is inconvenient, or whose possessions would be convenient, to some bad man and obligingly detain him behind bolts and bars while the plunder is divided or while he goes hopelessly mad, so that he will never be heard from again. There is no discrimination in the general mind between well or ill-managed institutions—unfortunately some badly managed ones exist to-day, notwithstanding all the progress that has been made—but the best are quite commonly supposed to be no better than the worst. Then the ideas of diabolical conspiracies that had some foundation in fact, possibly, fifty years ago, in other countries, and have been made the subject of thrilling romance, are held still true in our country to-day, and all this misapprehension is kept alive by the lively paragraphs almost daily seen in the press. Whether it be for good or ill, the press does undoubtedly foster false beliefs hurtful to the work of caring for the insane, and will doubtless continue to do so until the masses are too well-informed to

heed and read the lively accounts of sane people "incarcerated in mad houses," and stories of inhumanity colored beyond recognition. When these will no longer "sell the paper," then, and only then, will they be dropped. At the same time we cheerfully recognize the fact that our institutions must be elevated to a point in public estimation where the press can neither help nor hurt, make nor mar them. The common conception of insanity is as if the insane were a new and strange order of beings, like the inhabitants of another planet, and we as their care-takers are believed to dwell upon the borders of an outlying country impenetrably mysterious, whose inhabitants are more curious in their manners and customs than the denizens of the antipodes, and whose traits are perhaps supposed to show a certain reflex in ourselves.

Thus it comes about that the superintendent of an asylum is constantly misunderstood. If he is frank in admitting a fault, his frankness, instead of being taken as intended, is interpreted as a confession of so much of his guilt as he is obliged to confess and can not conceal. Who of us has not burned with the sense of wrong inspired by the attitude of this uninformed and yet opinionated public. If what I have said be not true, let it be disproved, but if it be true it helps to show why our way has been straight and narrow, and why we are much fenced away from our fellow men, and it is well for us to fully face the fact that we have dwelt much apart from them, whether we be "stars" or "glow-worms."

In our blind enthusiasm many of us go on with our work for years; we think it important; we are absorbed and happy in it; we wonder the while at our little recognition and our isolation, never thinking we and our people are subjects only of mild curiosity to the masses of our fellows. This separation from the ordinary, every-day life of our fellow men is an evil. It were far better for us to enter more into the life of the community in which we live, and despite the fact that our duties are uncommonly exacting and engrossing, it seems to me we ought to do so. It is for us to change this atmosphere of doubt, ignorance, and suspicion to one of confidence, respect and intelligence, and, to my mind, this is our greatest task, next to our professional duties, and indeed is part and parcel of them.

By mingling more with our neighbors we not only share with them in the matters of education, religion, politics, and what not, which are universally important and interesting, but they gain a view of

us, new to them, wherein we and our work appear in a more natural guise. Above all ought we to mingle more with our fellow practitioners of medicine, as indeed every day shows more plainly that we are doing. And the increasing number of our members receiving calls to chairs of psychiatry or neurology in the medical schools of the United States and Canada is another fact that augers well for the future position of our specialty in the profession. It is evident that a man who can be Sunday school superintendent as well as hospital superintendent, who attends the "primaries" as well as the medico-psychological meetings, will have a more rounded and symmetrical existence than he who is an "alienist" and nothing else; and such activity may be made a help rather than a hindrance, as we so often see in the lives of those who accomplish most professionally.

I have spoken of the general light in which we appear, and now come to consider how we stand with those to whom we are brought nearer, our official associates, our patients' friends, our fellow practitioners and especially our neurological confrères.

OFFICIAL ASSOCIATES.

In our boards of managers or trustees we generally have an association that is of high value to us in our work. The high-minded, able, practical, enlightened and benevolent men who as a rule are selected for trustees or managers give to the insane appreciative service, and give it as a labor of love. Their services may not be perfect, but it is, in my opinion, vain to hope for better results than they have given us. I do not speak here of the exceptional cantankerous or corrupt trustee; we have all seen specimens of this species, but it is fortunately so rare that it does not call for special notice. If there has been a fault with boards, it has been over-geniality, but in these days of civil service reform and sharp criticism, such a fault is undergoing correction. It is best remedied by stimulating supervision and criticism from a general board of lunacy or charity; also serving as a "labor of love" and not for a salary. I desire to speak here for the principle of local self-government in lunacy administration—a system wherein local officers are held to strict accountability by a central supervising board possessing fullest authority to review and report their acts, while the local officers retain the right of independent and initiative action. We believe (if I understand the views of

this Association) that we and our trustees can better know and better meet the needs of our patients than some central bureau with the bureaucratic and autocratic methods inseparable from arms-length administration. With an advisory and supervisory board of lunacy or charity which usurps none of our proper powers, but holds us strictly accountable for the exercise of our own, we can sustain a self-respecting and independent relation, honorable and useful alike to both, with no belittling jealousies or conflicts, and no self-absorbing and paralyzing ambition.

ASSISTANT PHYSICIANS.

A word here upon the importance of mutually helpful relations toward our medical assistants. There has been, in the past, perhaps, too little of participation on the part of the superintendent in the purely medical work of the hospital, and the medical assistant has had too little aid and direction from his chief in the duties of the day. The superintendent has given too much time to details of executive matters. There will never be the highest results in medical administration until the superintendent and assistants are each in close touch, one with the other, in the medical work, and this can only be attained by the more complete relegation of all business details to subordinate officers; and such can be easily secured who, under able supervision and discipline, are capable of attending to the routine duties of department administration better than the superintendent himself.

A permanent and honorable career as medical assistant should be open to those who engage in this position, and everything possible should be done to make it attractive. Provision should be made for a certain proportion of married assistants in every large hospital, but they should have their own house. There is also a place for one or more women assistants in every large hospital, a fact that is increasingly recognized.

The association of assistant physicians and their union in a general or several local societies is an object which we should do well to promote. I do not think it is to be feared that outside medical activity of a strictly scientific kind can have any but a beneficial effect in a reflex way upon the hospital.

LEGISLATIVE ASSOCIATIONS.

Regarding relations to the law-making and appropriating power, every superintendent of a State institution has his duties. The

only thing I desire to mention in this connection is the importance of laboring in and out of season with legislatures, individually and collectively, to secure recognition for medical science in the financial provisions made for each institution. The ordinary needs of the insane—even those for recreations, for books and pictures—are now pretty generally recognized, and to some extent provision is made for laboratory and pathological work, but so far only a feeble beginning has been made, and the one provision at this time of greatest importance for the advancement of psychiatry is the better equipment of institutions for clinical study with instruments of precision, for pathological and bacteriological work, and for psychological research. The importance of work of this kind it is difficult to make clear to the average member of a legislative body, and much unremitting work is necessary in this direction. Another object for which systematic effort should be made is the securing of recognition for the training schools by the appropriation of sums of money for apparatus and material for teaching, and to admit of a permanent superintendent, such as all training schools employ in the general hospitals.

NURSES AND ATTENDANTS.

Regarding our relation to those in the subordinate service of the institution, I only wish to speak of one question, that is the question of raising the standard of qualifications for those employed as nurses and attendants. The task of training these for their work is one which can not be performed with too much care and thoroughness, and I have long thought that progress was halting until, by engaging more intelligent and better educated men and women, we can obtain higher skill and talent. The fact that most impressed me in my own training-school days in a large State institution was that I had a great number of men and women who were entirely unable to think abstractly, many of whom, in fact, had never mastered thoroughly the "three r's," to say nothing of anatomical, physiological and psychological problems, and I found, furthermore, that an effort to secure any large number of men and women sufficiently educated to take up these problems was not successful. Educated men and women do not, as a rule, seek these positions or feel attracted to this work, and when they enter it are not inclined to remain in it very long.

What, it seems to me, is most needed is to make the work

attractive for better qualified persons. To do this, better pay, shorter hours, better quarters, larger increase of comfort and convenience, more permanency, are needed, and the elevation of the position to more respect and importance. This latter tends to be accomplished by the very training and schooling. The establishment of the merit system, and a civil service examination for all who wish to enter the service, as has already been done in some States, will be of great value.

Of others who come in near relation to us there are the patients' friends.

PATIENTS' FRIENDS.

What is there to say of these except that they require our utmost patience and gentleness? They are often exacting, but we would be the same in their places. To those who give us their confidence we are duly thankful. The tendency of human nature to a good opinion of self and distrust of all others we have ever to take for granted. It is shown often in an amusing way by the fondness of the patients' friends for relating their experience and presenting their theory of the "case." The principal thing some of them seem to desire of the doctor is that he shall listen to their exposition of the "case." They feel they have acquired a profound knowledge of mental states by the observation of one, and care more to give you their views oftentimes than to hear an expression of your own.

NEUROLOGICAL ASSOCIATES.

Our specialty and that of the neurologists touch at the edges, and these edges, like the borders of most naturally demarcated territories, are ragged and rugged, and many a bewildered mortal has gone astray in them. A predatory disposition has been shown at times and "border wars" have not been unknown. Some neurologists have shown a disposition to annex the neighboring "land of promise," but eventually there will be a "united kingdom" under the domain of science.

Our neurological associates judge us (and can but judge us) from the medical standpoint, pure and simple. They thus see but a part of our life and work, for we have economic, administrative and humanitarian duties that they know not of. In regard to these latter we have listened to much advice, but we fail to find a way to do our full duty without giving much time to affairs

other than medicine. Looking at the neurologist from the standpoint of psychiatry we gain, likewise doubtless, a partial view. But we have only admiration for their facile command of all that is new and much that is good in theory and practice, though we find them somewhat unpractical in the care of the insane. In their own field of activity they derive enormous advantage from the daily, living contact with the medical life of the great centers, living, as they do, only in the larger cities, while we suffer corresponding loss from our isolated and mostly rural situations. Their whole energies are concentrated in a narrower channel than ours, and hence produce more marked and immediate results. Their positions are independent; ours are complicated by official obligation, and in many cases suffer from the inevitable evils of officialism.

It is not possible to contemplate our relations with our neurologistical confrères without calling to mind the criticisms directed toward our Association by one of the most highly-placed and highly-honored of their number, in an address to which we listened in Philadelphia in 1894. That address was intended to hold up a mirror wherein we might see our true lineaments. Its glittering surface, however, reflected an image which we do not believe candor and truth would recognize as wholly faithful. In this we may be mistaken, but we think the knowledge shown of our work was incomplete. Dr. Mitchell had certainly never "put himself in our place." If he was not prejudiced yet preconceived ideas were apparent in some of his utterances. In informing himself for his task, he appears to have consulted his fellow neurologists and he presents an array of letters, some of which are more just than his own strictures. Is it too much to claim that there are men in our own ranks whom he might have consulted with profit? His "aloofness" was as great as would be that of a naval commodore who should assail the army for not winning victories upon the high seas. Something more of insight, something less of asperity will be needed by him who is to address us with entire advantage.

Some of the listeners to this eloquent but not persuasive address felt wonder, some sorrow, some resentment. There were also some who were even large of heart enough to receive such good counsel as was given into honest hearts, if not to cry "Lord be merciful to me a sinner!" Nevertheless, we have neither the right nor the disposition to complain, because Dr. Mitchell only consented to speak after we had accorded him the fullest latitude and longitude of expression.

It has been believed that Dr. Mitchell's arraignment had done much injustice, and it is possible that the use of it made by the press may have increased already existing prejudice, but the people who know of Dr. Weir Mitchell and his criticism are mostly capable of judging for themselves, while the great public little knows and little cares for learned doctors' sayings.

I do not mean to be understood that there was not much of wholesome truth in Dr. Mitchell's address, but the manner of its deliverance was such as to defeat its object, if its object were to win from error and show a "more excellent way."

COMMITMENT OF THE INSANE.

Regarding the subject of commitment of the insane to hospitals and asylums, I desire to speak briefly, as this is a matter affecting our relation to the courts of law and our standing in the community.

Insanity is a disease with the two unhappy and unique peculiarities of generally requiring treatment away from home and interference with personal liberty—either for better hope of recovery or for safety—and these facts lead to complications and embarrassments for all concerned.

The one question I wish to raise in this connection is as to the truth of claims that sane persons are, with wrong motives and by the use of fraud and conspiracy, committed to and confined in institutions for the insane. I can, perhaps, say nothing that is new on this subject to the members of this Association, but I am seeking to reach beyond our immediate membership in these remarks. The belief that sane persons are confined with the insane one may suppose is rather commonly entertained, judging from expressions frequently heard, from paragraphs in the press, and from the portrayals of novelist and play-wright. This belief is kept alive by the cases occasionally occurring, in which persons who have been in institutions for the insane and are released by the hospital authorities, or sometimes by the courts, set up the claim, and often maintain it most plausibly, that they were never insane. Such persons meet with and deserve the greatest kindness and sympathy. It is natural that they should make such a claim and there are rare cases in which it is true. Mistakes are made and sane persons are sometimes sent, even by "juries of their peers," to the hospitals. Sometimes, furthermore, persons undoubtedly insane

are sent to the asylum whose condition did not really require commitment. The difficulty with the public understanding of these cases is that it is impossible to discriminate, and if a commitment has been or seems unjust they blindly fix all the odium upon the institution. There are many cases in which, when commitments were made by courts and were wholly right and proper, they may appear at a later time to be wrong to the uninformed, through misapprehension or misrepresentation. Some considerations which would enable the people to judge more intelligently may be here adduced. We of this Association know that many ill-balanced, highly nervous persons often become "raving distracted" and wholly unable to control themselves under some especial strain or shock, and are committed to the hospitals, but after a short period of care and rest often regain self-control and temporarily, or even permanently, thereafter evince a propriety of conduct which never would have been attained except as a result of their commitment and care in the hospital—and here one is reminded of a popular error, which is, that if a person is sane to begin with, commitment to an insane hospital or "incarceration in a mad-house," as it is generally styled, would soon develop "raving madness." Now, the truth is that any person when first admitted to any respectable hospital, who shows even superficial rationality, has all surroundings and privileges regulated accordingly, and so far from being driven to madness, would have rest and quiet and comfort such as few could command in their own homes. So far from such cases being "driven to madness," the truly mad often become speedily sane under such circumstances.

Again we know that alcoholic and other toxic conditions and various acute crises in life, as well as various acute bodily diseases, produce delirium or other mental states that lead to commitment, with regard to the propriety of which opinions may honestly differ.

We know that there is an ignoble army of cranks, many of whom, under the tonic effects of confinement in a well-regulated lunatic hospital, are shortly enabled to pose as belonging to the "noble army of martyrs," and the public will give them tender sympathy so long as they commit no violent act. These are the very ones who are often subject to homicidal tendencies, and when these appear the public sympathy turns to thirst for blood. We of this Association think we have a wiser view of these cases in keeping them safe, but they are often released by courts in habeas corpus

proceedings, and then our public cheerfully remark: "Did I not tell you so? Here is another case of a sane man locked up in an insane asylum." Another source of public misapprehension is the fact that press reporters, men and women, have at different times successfully planned to be committed as insane, and from the fact that this has been done, the people argue the easy commitment of other sane persons, not seeing the fallacy involved in the inference that because a sane reporter, trying with all his might to pass muster as insane, can succeed in accomplishing this feat, therefore any and all other persons not wishing to be considered insane nor to enter an asylum are *pro tanto* liable to be pounced upon and incarcerated. We know that the examiners and custodians of the insane were imposed upon simply because they had no reason to suppose any of their inmates were making so remarkable a "sneak," if I may indulge in slang, as to steal the garb of lunacy to clothe a scheming mind.

The opprobrium of various evils for which we are in no wise responsible thus comes upon us. Some blame lies somewhere in some of these cases, and in others there is nothing wrong; but whether there is real wrong or no, all the odium all the time is apt to light on us. Some head must be hit, and ours is the only one fully visible, so it receives the blow. Public reproof like death "loves a shining mark," and our devoted heads metaphorically (and sometimes literally) *are* such a "shining mark!" But the question with which we and the public are most concerned is whether corrupt or fraudulent commitments and detentions occur for which we, the members of this Association, or any of us, are responsible. I have made an earnest effort to get facts of this nature if such there were, and will read extracts from the letters which I have received.

My information comes from men whose word is authoritative, who are thoroughly familiar with this subject and who are mostly connected with lunacy administration, as commissioners or members of supervising boards in their respective States, and who should be the ones to know of and correct these evils if they exist.

From Pennsylvania, Mr. Philip C. Garret, long identified with all that is good in public benevolence in his State, writes: "I do not know personally of a single instance of fraudulent commitment or malicious or intentionel illegality in commitment."

From Massachusetts, Mr. Frank Sanborn, thoroughly versed in all

that pertains to this matter, writes: "No commitments technically fraudulent have been so declared in Massachusetts by any court, so far as I know, since our commitment law took effect seventeen years ago. Nor have damages been recovered I think, in any case of false imprisonment of the insane for thirty years." He mentions two cases of persons who, though admittedly insane, were released by courts as capable of care outside of an asylum.

Concerning Illinois, Dr. Wines, for a long period of years Secretary of the State Board of Charities, writes: "I am most happy not to be able to give you any information. I have not known of an illegal or fraudulent commitment to a hospital for the insane in my twenty-four years as Secretary."

From New York, the State Commissioner in Lunacy, Dr. Carlos F. MacDonald, writes: "Speaking from personal observation and experience, covering a period of twenty-five years, I have yet to find a case of whose insanity I had any reasonable doubt, except in certain convalescent patients who were about ready to be discharged from the institutions as recovered. * * I have not as yet found an authenticated instance of a sane person being certified as insane and incarcerated in an asylum through fraudulent intent, corrupt collusion or conspiracy on the part of physicians. We are all aware that mistakes in diagnosis occur, but these cases are quickly detected in the hospitals and their release promptly provided for. Moreover, in every case coming within my personal knowledge where a court or jury has discharged a person brought before it on a writ as not insane, the subsequent history of the case has shown that the patient was insane, and in a majority of cases they have been speedily recommitted, it having become necessary to again place them under control. In fact this has been the history of substantially every habeas corpus case that has occurred in this State."

From Ohio, Gen. Roeliff Brinkerhoff of the State Board of Charities, writes: "I have been for eighteen years upon the State Board of Charities. I have never known of a single instance of illegal or fraudulent commitment to an institution for the care of the insane in the State of Ohio."

From Minnesota, Rev. H. H. Hart, Secretary of the Minnesota State Board of Charities for many years, after speaking of the cases of two persons admittedly insane, in whose commitment there was, or was claimed to be, technical error, states: "We have had two or three cases of patients discharged by the superintendents on

the ground that they were not insane." These are the only cases of illegal commitment known in Minnesota to its State Board.

We find evidence in the above, and other cases, that the officers of asylums refuse to retain cases if found not insane.

Such statements as the above might be indefinitely multiplied, but for the time it would consume to present them.

Now on the subject of probable or possible conspiracy to incarcerate a sane person, a few words. The assertion is occasionally made that two doctors can "railroad" any man into an asylum upon the instigation of one or more wicked men.

Let us examine this statement and what it involves—beside the "villain of the piece," there must be two doctors who are legally qualified practitioners and who are also villains. There must be concealment from or connivance with all the persons who daily come in contact with the victim. Then, at the institution after the patient is "landed," there must again be connivance and concealment by doctors, nurses and all others who have any knowledge of the individual. It will be seen that a combination is required, so complicated as to be hazardous in the extreme.

Upon this point the language of Lord Shaftesbury may be quoted. The Earl of Shaftesbury was for fifty years chairman of the English Commission of Lunacy, and he stated before a committee of parliament in 1887, as follows: "I believe conspiracies in ninety-nine cases out of one hundred to be altogether impossible. The number of (medical) certificates (of insanity) that have passed through our office since 1859 is more than 185,000. Out of all these I do not think so many as one-half dozen have been found defective. I am quite certain that out of the 185,000 there was not one who was not shut up upon good *prima facie* evidence that he ought to be under care and treatment."

Now I wish to advert to a cause of the wide-spread suspicion often attaching to these cases:—which is, that all the people connected with them are apt to act precisely as if they *had* done something wrong. Owing to the fact that insanity is considered a disgrace or that the knowledge that a person has been insane hurts his business reputation, it comes about that when an individual unfortunately becomes insane there is a natural desire on the part of all the friends to conceal the matter. Access to the patient is prevented, the friends will claim there is nothing wrong, yet no one sees the patient; the family doctor is equally reticent. If the patient goes

to an asylum, it is given out that he is "in Europe," or in "the mountains," or a mysterious silence is maintained. All these circumstances feed suspicion, and if in addition the patient has wealth or there is a family disagreement, the materials are all at hand for a fine sensation, and they are duly combined by inventive minds in the spiciest manner possible. Meantime the hearts of the afflicted friends are silently bleeding with a grief bitter enough without this added blight of suspicion, and at the same time a widespread error is being more deeply graven on the public mind.

But it will be said Lord Shaftesbury admits that one case of fraud in one hundred is possible, and this brings us to another source of mistaken opinion. It is not claimed that villainy or attempts at villainy are impossible, the only contention is that if there are wrong or unjust commitments the authorities of the institutions are not responsible for them; indeed the records show that they are from time to time releasing persons sent to them who are found to be not insane.

The attempt to form and carry out a conspiracy such as we are considering would involve so many risks and contingencies that the most bold and hardened evil-doer would shrink from it, or, if he persevered, bring the merited punishment of the law upon his head; and at this point another question naturally presents itself: If it has occurred frequently that sane persons have been committed to asylums as insane, surely some of those who regain their liberty would seek and obtain redress at law. Of the many cases first and last released on habeas corpus, some would recover damages for false imprisonment. I have earnestly sought for cases of this kind, asking all the gentlemen whose statements I have given and many others in various States, if they knew of such cases personally, or could refer me to others who did. I also made the same inquiry of Mr. Alfred Bach of New York, the counsel for the "Society for the Relief of Persons Improperly Committed." Mr. Bach gave me a list of seven cases of commitment which he considered to have been made "without just cause," but furnished no facts as to suits for false imprisonment, or their results. Mr. Bach gives a case of a woman who was certified insane by a physician who did not see her; but adds that she was released by the authorities of the asylum as not a proper person to be there. There is in Mr. Bach's statement nothing to show wrong or malicious action on the part of officers of insane hospitals.

He cites the case of Miss Anna Dickinson as one of his seven cases committed without just cause. Regarding this unfortunate case litigation is still pending, but the facts leave room for an honest difference of opinion as to the alleged insanity. One suit for damages has been carried through to a disagreement of the jury and a new trial is pending. In the case of another well-known woman who has recently started at Chicago upon a lecturing crusade against hospitals for insane, it is to be borne in mind that a jury heard her case and pronounced her insane before her commitment.

Still another able but erratic woman whose case is worth recalling, is Mrs. Elizabeth Packard. Her case was one in which the evidence of insanity before and for sometime after her commitment was convincing, but it may be that her detention continued after she was well enough to have been released. Be this as it may. She had remarkable brilliancy and power after her release in agitating for legislative changes, and the jury-law for trial of the insane in Illinois, and the postal law in several States were due largely to her efforts. These laws have now all been repealed the last to go being the jury-law in Illinois. This law was in force for about twenty-four years in Illinois, and an investigation which I made in 1893 showed that 29 cases had occurred of sane persons being found insane by juries, and 12 instances where insane persons were brought in as sane and subsequently required a second trial in which they were found insane. These were such cases as I obtained personal knowledge of, but there were many more.

But to return to the question of suits for damage for false imprisonment. The following are the only cases concerning which I could gain information. *First*, About about fifty years ago, I learn from Dr. Robert H. Chase, superintendent of the Friends' Asylum at Frankford, Pa., that a man who had been confined in that institution recovered damages in quite a large sum from the superintendent and trustees. The particulars Dr. Chase could not give me. Some of those who knew personally of the case, allege the patient was undoubtedly insane, but popular clamor was instrumental in producing the verdict. *Second*, There was a case in Michigan about fifteen years ago in which a verdict for damages was rendered by a jury* against the superintendent of the Eastern Michigan Asylum. The case went to the Supreme Court which ordered a new trial.

*JOURNAL OF INSANITY, VOL. XXXVII, p. 23.

There was a technical defect in the commitment papers, but on the second trial the judge took the case from the jury on the ground that no evidence existed to show anything but *bona fides* in the conduct of the superintendent.

Finally, I learn of one case from Dr. Ralph L. Parsons of Greenmount-on-the-Hudson which he describes as follows: "One case in which damages were recovered on the ground of illegal commitment has come within my knowledge, the committed person being really not insane. But the doctor who was mulcted in the sum of \$500 was honest in his opinion which was really a charitable view of the outrageous conduct of the person committed. These are the only cases of damages being awarded of which I have been able to learn."

Physicians are apt to maintain that insanity is simply a disease, and they alone should pronounce as to its existence; on the other hand lawyers in all cases where personal liberty is in question think the court should intervene. This difference of views leads to conflict. Views come in collision and will continue to collide until all the error is destroyed that can be destroyed on both sides; but no matter how perfect our forms of commitment there will always be cases of difficulty and differences of opinion, at least this side of the millennium.

THE PROPER LEGAL SAFEGUARDS.

The principles, the necessity of which would seem to have been established by experience are: *First*, A medical certificate by two physicians competent under provisions prescribed by law. *Second*, The approval of the medical certificate by a judge of a court of record, and his examination or hearing of the patient, unless he deems it unnecessary, and so states. *Third*, Notice to the alleged insane person of the intended proceedings if considered necessary by the court. *Fourth*, A jury trial if called for by the patient or some responsible person, or deemed necessary by the court. *Fifth*, The filing with a state board of lunacy or charity of copies of the papers in each case within a brief period of the arrival of the patient. *Sixth*, Under certain restrictions patients may be allowed to voluntarily enter the asylum.

The most contrary requirements present themselves in lunacy cases. Insanity is a thing concealed from the world as much as possible.

It seriously compromises the whole future of the patient to have it known he is or has been insane. Hence the effort in the patient's own interest to hide it. On the other hand to legalize secret commitments would lead to serious abuse. How can a law work with perfect satisfaction in the face of these opposite requirements? The only course open is to give the largest discretion to the courts. It would save misapprehension, however, if the people were more fully informed as to the working of the law and the difficulties encountered, and a statement of this kind I have here sought to make, imperfect as it is.

Real or alleged wrongs may occur in some of the following ways: A person who is sane may be committed to the asylum by error or fraud; but experience shows that any deliberate or intentional fraudulent attempt of the kind is so rare that it can only be placed in the category of other fraudulent or criminal violations of law. There is no systematic or prevalent attempt to practice wrong in this way. Practically all wrongful commitments are the result of ignorance rather than of malice, whether done by juries or physicians' certificates. Persons who are actually insane are sometimes committed when they could have been provided for otherwise, and there are some cases in which there is a difference of opinion as to whether the patient has recovered; many of these furnish the habeas corpus proceedings, and many persons are released by courts by habeas corpus who have not recovered, and whom it is found necessary to commit again. Persons not strictly insane, but victims of morphine, alcohol, etc., or of delirium from toxic conditions, are occasionally committed as insane, but speedily recover and are perhaps not at any time insane, in the full meaning of the word.

THE INSANITY PLEA IN CRIMINAL CASES.

In connection with our legal relations another subject is worthy of mention. I refer to the disposition to be made of cases in which crimes are committed by persons mentally defective.

An earnest word should be spoken on our attitude toward crime and insanity, especially as regards the so-called "homicidal crank." It is believed by members of this Association and by others who have the fullest means of study of insanity as related to crime and criminals, that the perpetrators of homicidal acts or attempts like those of Guiteau, Prendergast and scores of others more obscure,

differ so wholly from the sane murderer that their treatment should be different. This position is at present unpopular. The general public sentiment seems to favor precisely the same penalty for the paranoiac, or what is called the "monomaniac" or the "crank," as for the fully sane.

The fact that insanity is sometimes fraudulently used as a plea, has created a prejudice in these cases, but greater discernment is what is needed. The threadbare plea that the individual "knows right from wrong" has been sufficient to hang many a mentally defective wretch, but is beginning to show signs of decay as it is becoming known that half the admittedly insane in asylums "know right from wrong" in the same sense. But there is on the part of the public generally, and even of the enlightened and humane public, a disposition to dismiss all pleas in favor of the recognition of irresponsibility of the homicidal crank as "maudlin sentimentality."

When the president of one of our great universities publicly declares that the retaliatory policy is, in his opinion, right, and that society should kill the so-called crank who takes or attempts the life of another, we can not wonder that the untutored mind demands his crazy head. And, so far as the unhappy wretch is concerned, whose weak mind conceives murder to be justifiable from inability to reason, it can make little difference whether life is given or taken, it is of so little worth. What we feel more concerned about is the honor and the intelligence of the State. We think the community which seriously treats such weaklings as fully responsible and metes out to them under the guise of stern justice the same punishment it inflicts upon a criminal of intact reasoning power, takes an illogical and erroneous position.

We believe there will be an awakening upon this subject and the growth of newer and better views. The International Prison Congress at Paris in 1895 took action by passing a resolution that insane persons committing crimes should be confined "pending consecutive action of administrative judicial and medical boards."

An injury is, however, done the cause of justice by the tendency to claim that all criminals of every degree are mentally defective and irresponsible. It is true that there has not been sufficient discrimination in the past in our administration of so-called justice; but the present tendency under the theories of degeneracy to class all criminals in a separate category, and in case certain physical evidences of defect are found, to infer their irresponsibility, is

ill-judged. There is, doubtless, much of truth in the theories of Lombroso, but we are not ready yet to generalize or to take practical action upon them.

We who would see these wrongs remedied must recognize the fact that the only remedy is the creation of a system of proper provision for insane criminals. This is the greatest desideratum, and it is useless to complain of the execution of insane homicides until a better way has been provided of disposing of them. This has been done in England, and the Broadmoor criminal asylum receives the crazy homicide and securely and permanently guards him, and no one complains.

MUTUAL RELATIONS.

One of our relations of which I have not spoken is that which we, as members of this Association, sustain one to another. This is so well understood it needs no words of mine. It is said that there is no sympathy so keen as that which unites "two sufferers from the same kind of rheumatism." Our bond is one in which we do mutually condole at times over the trials of these days of degeneracy. Yet our aims and prospects are inspiring enough to relieve the gloom. There is no lack of objects which we may unite in furthering with earnest good will which invite to cheerful contemplation. Indeed the problems that present themselves and the means of their solution are so numerous and so important as to leave no time for repining.

In pursuing the various branches of our work, whether we scrutinize the ultimate nerve elements of the cortex and trace to the cell and its ramifications the effects of fatigue or poison; whether we analyze the secretions of the body and by more profound and patient study discover new morbid causes and their remedies; whether we search out and record the reactions of the neuron to its various stimuli in health and disease; whether we busy ourselves with the conditions, social, racial, hygienic, which tend to mental overthrow; whether we are engrossed with the material or the psychological side of our calling, our one object of lifting the art and science to which we are devoted to a higher level and improving the condition of our people, must ever remain with us.

Many are the lessons we have learned; many the illusions we have lost. But in place of these we gain newer and truer conceptions

which may be in a healthy sense called "imperative conceptions," to be put in force and action for the furtherance of our work.

Let us remember that for every splendid blossom, for every luscious fruit of science, for every wide-spreading tree that gives its shade and shelter, there are, deep in the cool, dark soil, downward-reaching, unseen roots that afford strength and absorb nutriment to be transmuted into light and beauty. And the labor which we do in the quiet and obscurity of the study shall render our organization strong and full of life to grow broadly and burgeon blithely with the expanding years.

In conclusion, I can but advert to the great amelioration which is going on in the bitter and painful conditions which have surrounded the insane, and those charged with their care. Amid all the changes of the past we may discern the workings of a benign Providence. The good genius of our Association has never deserted us, and warrants us to look for years of ever-brightening and broadening usefulness and renown.

After having served and promising still to serve you to the best of my poor ability, it only remains for me now to express my thanks for the kindness shown by the Association to me.

